### **Application Data Sheet**

Application Information

# Application number:: Filing Date:: Regular Application Type:: Utility Subject Matter:: Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: Method, System and Portable Consumer Device Title:: Using Wildcard Values 16222U-015900US Attorney Docket Number:: No Request for Early Publication:: No Request for Non-Publication:: 1 Suggested Drawing Figure:: 6 **Total Drawing Sheets:** No Small Entity?:: Latin name:: Variety denomination name:: No Petition included?:: Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One:: Secrecy Order in Parent Appl.:: No Initial 9/3/03 Page 1

# Applicant Informati n

Middle Name::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Corinne

Family Name:: Bortolin

Name Suffix::

City of Residence:: Half Moon Bay

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 210 Shelter Cove

City of Mailing Address:: Half Moon Bay

State or Province of mailing address:: CA
Country of mailing address:: US

Postal or Zip Code of mailing address:: 94019

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Loc

Middle Name:: Nguyen

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA
Country of Residence:: US

Street of Mailing Address:: 590 6th Street, Apt. 204

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94103

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

US

Status::

**Full Capacity** 

Given Name::

Liane

Middle Name::

Family Name::

Redford

Name Suffix::

City of Residence::

San Mateo

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

1323 Darlene Avenue

City of Mailing Address::

San Mateo

State or Province of mailing address::

CA

Country of mailing address::

US

Postal or Zip Code of mailing address:: 94403

#### **Correspondence Information**

Correspondence Customer Number::

20350

#### Representative Information

Representative Designation::

Representative Number::

Representative Name::

Primary

31,836

Paul C. Haughey

Associate

40,456

Patrick R. Jewik

#### **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

## **Foreign Priority Information**

Country:: Application number:: Filing Date::

## **Assignee Information**

Assignee Name:: Visa U.S.A., Inc.

Street of mailing address:: 123 Mission Street

City of mailing address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94105